

No. 300
-10-47
5-17-39
I 3905

FILED OCT 9 1948 **318**
Registration District No. **318**

Primary Registration District No. **1003**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County _____

(b) City or town **St. Louis**

(c) Name of hospital or institution:
Lutheran Hospital

(d) Length of stay: In hospital or institution **2 Wks**
40 Yrs. (Specify whether years, months or days)

3. (a) PRINT FULL NAME **Frances Zavadil**

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **Female** 5. Color or race **White**

6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Frank** 6. (c) Age of husband or wife if alive **62** years

7. Birth date of deceased **October 4th, 1889**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

58 **11** **19** hr. min.

9. Birthplace **Europe**
(City, town, or county) (State or foreign country)

10. Usual occupation **At home**

11. Industry or business _____

12. Name **Not known**

13. Birthplace " " _____

14. Maiden name **Not known**

15. Birthplace " " _____

16. (a) Informant **Frank Zavadil Sr.**

(b) Address **4963 Nagel Ave.,**

17. (a) **Cremation** (b) Date thereof **9/27/48**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Missouri Crematory**

18. (a) Signature of funeral director **J. L. Ziegenhein & Sons**

(b) Address **7027 Gravois Ave.**

19. (a) **SEP 28 1948** (b) **J. J. Branch**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County _____

(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")

(d) Street No. **4963 Nagel Ave.,**
(If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept.** day **23rd,**
year **1948** hour **3** minute **10** P. M.

21. I hereby certify that I attended the deceased from
9/14/48, 19, to **9/23/48**, 19;
that I last saw her alive on **9/23/48**, 19;
and that death occurred on the date and hour stated above.

Immediate cause of death **Encephalitis Leth.**

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy **none**

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) **NO**

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

23. Signature **J. J. Branch** (M. D. or other) _____
Address **4717 Morgenford Rd.** Date signed **9/24/48**

Duration
11a

PHYSICIAN
Underline the cause to which death should be charged statistically.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed Frank J. Owen

Licensed Embalmer No. 2245

P. O. Address St Louis, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.